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CONFIRMATION NO. 2112

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10/687,389		600	3769	539.3175.1

APPLICANTS

Ivan Osorio, Leawood, KS;
 Mark G. Frei, Lawrence, KS;
 Nina M. Graves, Minnetonka, MN;
 Jonathon E. Giftakis, Brooklyn Park, MN;

** CONTINUING DATA **** /D.S./

This appln claims benefit of 60/503,999 09/19/2003
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** FOREIGN APPLICATIONS **** /D.S./

UNITED STATES OF AMERICA PCT/US03/32944 10/15/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		KS	33	32	2

ADDRESS

Fredrikson & Byron, P.A.
 Intellectual Property Group, MDT Patents
 200 South Sixth Street, Suite 4000
 Minneapolis, MN 55402
 UNITED STATES

TITLE

Scoring of sensed neurological signals for use with a medical device system

FILING FEE RECEIVED 2416	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit